

09/937611

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (DOB USE WITH FORM PTO-875)						SERIAL NO. 937611		FILING DATE	
10-12-86 CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				51			
2		1				52			
3						53			
4	1	8	1	6	6	54			
5						55			
6		8	1			56			
7		8		8		57			
8		8		8		58			
9		8		8		59			
10				1		60			
11						61			
12		1				62			
13						63			
14				1		64			
15					7	65			
16					7	66			
17				1		67			
18					1	68			
19					1	69			
20					1	70			
21					1	71			
22					1	72			
23					1	73			
24					1	74			
25					1	75			
26					1	76			
27					1	77			
28					1	78			
29						79			
30						80			
31						81			
32						82			
33						83			
34						84			
35						85			
36						86			
37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.			5		6	TOTAL IND.			
TOTAL DEP.			8		13	TOTAL DEP.			
TOTAL CLAIMS		3		19		TOTAL CLAIMS			